



Outpatient Services • Chronic Dialysis Clinics

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CCS Service Code Groupings (SCG) Update

Effective for dates of service on or after July 1, 2006, a number of codes are added to the California Children's Services (CCS) Service Code Grouping (SCG) 06. The effective date for these codes is designated by the symbol “^”.

Codes 99222 and 99223 were previously added to SCG 06 in error, and are end-dated for dates of service on or after July 1, 2006.

Reminder: SCG 02 includes all the codes in SCG 01; SCG 03 includes all the codes in SCG 01 and SCG 02; and SCG 07 includes all the codes in SCG 01. These same “rules” apply to end-dated codes.

The updated information is reflected on manual replacement page [cal child ser 17](#) (Part 2).

New Rotavirus VFC Benefit: CPT-4 Code 90680

Effective July 1, 2006, CPT-4 code 90680 (rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use) is a Vaccines For Children (VFC) program benefit. Providers will be reimbursed for the administration of this vaccine by using code 90680 with modifier -SL.

The vaccination series consists of three ready-to-use liquid doses of rotavirus vaccine administered orally to infants. The first dose should be administered at 6 to 12 weeks of age; followed by doses given at four- to ten-week intervals. It may be administered concomitantly with other childhood vaccines. No safety or efficacy data are available for immunocompromised patients, or for use at less than 6 weeks of age or after 32 weeks of age. The Advisory Committee on Immunization Practices (ACIP) recommends a dosing schedule of 2, 4 and 6 months of age.

The updated information is reflected on manual replacement pages [inject list 16](#) (Part 2), [inject vacc 1](#) (Part 2) and [vaccine 3 and 6](#) (Part 2).

New VFC Benefit: CPT-4 Code 90710

Effective July 1, 2006, CPT-4 code 90710 (measles, mumps, rubella and varicella vaccine [MMRV], live, for subcutaneous use) is a Vaccines For Children (VFC) program benefit. Providers will be reimbursed for this vaccine by using code 90710 with modifier -SL. MMRV may be used for children 12 months to 13 years of age who need a first or second dose of measles, mumps, rubella (MMR) and varicella vaccine.

The updated information is reflected on manual replacement pages [inject list 11](#) (Part 2), [inject vacc 1](#) (Part 2) and [vaccine 3 and 6](#) (Part 2).

VFC Hepatitis A Reimbursement Policy Update

Vaccines For Children (VFC) policy for billing the administrative fee for Hepatitis A vaccine is updated as follows. The policies below are effective for dates of service on or after July 1, 2006.

- CPT-4 code 90634 (hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use) is discontinued as a benefit.
- Modifier -SK (high risk) and associated documentation are no longer required when billing with CPT-4 code 90633 (hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use). Modifier -SL (state-supplied vaccine) is still required. CPT-4 code 90633 is reimbursable for recipients 1 through 18 years of age (rather than the previous 2 through 18 years of age stated in the provider manual).

The California Department of Health Services recommends that providers begin Hepatitis A immunization with the 2-dose vaccine at 12 months of age with a second dose 6 to 18 months later.

This information is reflected on manual replacement pages inject 10 (Part 2), inject list 9 (Part 2), inject vacc 1 (Part 2) and vaccine 3 and 5 (Part 2).

Immune Serum Globulin Billing Criteria Update

Effective for dates of service on or after July 1, 2006, immune serum globulin I.V., 1 gram (CPT-4 code 90283) is reimbursable with prior authorization for disorders that have documented evidence of improvement with its use.

An approved *Treatment Authorization Request* (TAR) must be submitted to the local Medi-Cal field office with either of the following:

- A laboratory report documenting an immune globulin level of less than 300 mg/dL for conditions with primary immune globulin deficiency, or
- Documentation supporting the diagnosis of a disorder ameliorated by the use of immune serum globulin I.V., along with any previous treatment regimens and their efficacies and a new treatment plan.

Approved TARs will authorize administration of a specific number of grams, shown in the *Quantity* column.

This information is reflected on manual replacement pages inject 38 and 39 (Part 2).

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Remove and replace: appeal form 1/2 *
 cal child ser 17/18
 hcpcs iii 3/4 *
 inject 9/10, 37 thru 40
 inject list 9 thru 12, 15/16
 inject vacc 1
 medi non cpt 1 *
 medi non hcp 1 thru 3 *

Remove: modif app 3 thru 10
Insert: modif app 3 thru 9 *

Remove and replace: vaccine 3 thru 6

* Pages updated due to ongoing provider manual revisions.